

### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

Will Jago Dil 1:

(CFA-4)

Summary Sheet

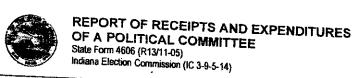
FILE NUMBER

IS THIS AN AMENDMENT? Yes M. No.		TOTAL BLOOM	,
Yes No	<del></del>	TOTAL PAGES I	N ENTIRE CFA-4 REPORT
COMMITTEE NEO	·		10
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Abbreviated Name (if any)	<u> </u>		
4. Mailing Address (addr	3.	Committee Telephone No	umber
4. Mailing Address (address where all campaign finance correspondence is received)  5. City Stote 30.0.		317) 844.	9809
5 City State 710	L Check	if this is a new address	
CARMEL, IN 46032	6	Dorby Astro	· · · · · · · · · · · · · · · · · · ·
CANDIDATE	h	Party Affiliation (if applica	ble)
7. Full Name of Candidate (include any nickname)	te's Comn	EPUBLEC	4N
JAMES JULIUS ARLDEN  9. Office Sought (Include district number, if any. Not required for exploratory committee,  HAMELION COUNTY (2016)	8. F	Party Affiliation or If Indep	
9. Office Sought (Include district number, if any, Not required for	_ /	REPUBLICA	endent Candidate
HAMILION COUNTY COUNTY AT LARGE		County of Residence	······································
11. Check pro:	/	TAMILTON	·
- Trook offe.			NTION CANDIDATES ONLY
Pre-Primary Pre-Election Annual Nomination Other		Check o	ne:
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From: /- / - 0 G	ment of Organiz	ation) Pos	I-Convention
	0	COLUMN A	COLUMN B
13. Cash on hand and investments at the beginning of this reporting period.	7	This Period	Year to Date
CONTENIOR 1, current year.		1.8 32,40	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)  15a. Itemized (use Schedule A)			1.837.40
15a. Itemized (use Schedule A)			
15b. Unitemized		-0-	
15c. Add lines 15a and 15b in both columns		30-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	UBTOTAL	-6-	-07
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Trese amounts include in-kind expendit		, , , , ,	4,832,40
D) If OURC QUESTION USE Control of			
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17c. Add lines 17a and 17b in both columns		880.00	250,00
Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)  19. Debts OWED BY the committee (use Separate Se	SUBTOTAL	1.130.00	880.00
19. Debts OWED BY the committee (use Schedule D)	TOTAL	702.40	702.40
20. Debts OWED TO the committee (use Schedule E)		-0.	701.70
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CERTIFICATION  BEST OF MY KNOW FOCE AND			FOR OFFICE HOP -
BEST OF MY KNOWLEDGE AND BELIEF IT I	IS TRUE, COR	RECT AND COMPLETE	FOR OFFICE USE ONLY
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		1-17-10	177 id bil 1:33

Date

pied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly A person who fails to file a complete or accurate report as required by the Indiana

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## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	1	of	5-	

	Caterwise, this is optional.	Pa	ageof	5
CONTRIBUTOR'S FULL NAME AND OCCUPATION				
FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN	<del></del>	
(street, number, city, state, ZIP code)	OR OTHER RECEIPT		COLUMN B	DATE
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(Enter total on I EM	15a of the Summary Sheet)	\$ ~ 0 -		



## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION				
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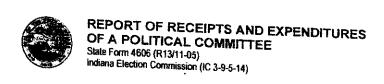
#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, MUST be itemized on this schedule (over \$200 if regular party committee).

The other receipts
FILE NUMBER
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CONTRIBUTOR'S FULL NAME AND			Page	_of <b>5</b> ^
FULL MAILING ADDRESS (street, number, city, state, ZIP code)  1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B	DATE RECEIVED
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	Other Receipts:  Interest Loan  Misc. (specify)			
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	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)		<b>v</b> .	
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	3
Page _	5	of	

CONTRIBUTE			Page	_ of
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Misc. (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
•	Other Receipts: Interest  Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
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## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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		(Enter total on ITEM 17a of t	he Summary Sheet)	\$ 250.00		



### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Page 2	of	_

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Type of Question: Statewide L					
Position: Supported Opposed	ocai H				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
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#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

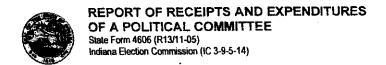
Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE D) **DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED		DUTSTANDING BALANCE THIS PERIOD
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## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER					
Page _	2	of _	2			

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME  & MALLING ADDRESS (if any) (street, number city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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